



STATE DEPARTMENT OF EDUCATION

P.O. BOX 83720
BOISE, IDAHO 83720-0027

TOM LUNA
STATE SUPERINTENDENT
PUBLIC INSTRUCTION

EMPLOYMENT APPLICATION - SUPPORT STAFF

Position Title:		Announcement #:	
LAST NAME		FIRST NAME	MI
MAILING ADDRESS			
CITY		STATE	ZIP
HOME PHONE	OTHER PHONE	E-MAIL ADDRESS	

EDUCATION: Schools attended after High School or Special Training Received

School:	FROM:	TO:	DID YOU GRADUATE?
Location:		Type of Degree or Diploma:	
School:	FROM:	TO:	DID YOU GRADUATE?
Location:		Type of Degree or Diploma:	
Special Qualifications:			Licensing:

EMPLOYMENT HISTORY: List your work history beginning with your present or most recent job.

Employer:	From:	To:	Hrs/week:	Job Title:
Address:	Phone:	Supervisor:	May we contact this employer? YES NO	
Reason for leaving:				

Employer:	From:	To:	Hrs/week:	Job Title:
Address:	Phone:	Supervisor:	May we contact this employer? YES NO	
Reason for leaving:				
Employer:	From:	To:	Hrs/week:	Job Title:
Address:	Phone:	Supervisor:	May we contact this employer? YES NO	
Reason for leaving:				
I certify that I am a U.S. citizen, permanent resident or a Foreign National with authorization to work in the United States.			YES	___ NO ___
I certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration).			YES	___ NO ___
Except for minor traffic offenses, have you ever entered a plea of guilty, no contest, or had a withheld judgment to a felony?			YES	___ NO ___
If YES please explain.				

Under the laws of perjury I declare that all of the information given on this application is true and correct. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the State Department of Education terminated.

Hiring is done without regard to race, color, religion, national origin, sex, age or disability. In addition, preference may be given to veterans who qualify under state and federal laws and regulations. If auxiliary aids or services are needed for individuals with disabilities, call (208) 332-6853 or TDD 1 (800) 377-3529.

The State Department of Education (SDE) is a **DRUG FREE WORKPLACE**. It is a condition of employment with the SDE that employees comply with this policy. Employment with the SDE is at-will and all staff serve at the pleasure of the State Superintendent of Public Instruction. Employment can be terminated at any time with or without cause and with or without notice.

OVERTIME NOTICE: At the discretion of the appointing authority, compensatory time off is provided in lieu of overtime cash compensation.

Signature: _____ Date: _____

Send your letter of interest, resume, completed application and three letters of reference or the names and contact information of three professional references to:

Sue Nesbella, Human Resource Specialist
Idaho State Department of Education
P.O. Box 83720, Boise, ID 83720-0027

AUTHORIZATION FOR RELEASE OF PERSONNEL RECORDS AND OTHER EMPLOYMENT INFORMATION

You are hereby authorized and directed to release any and all records, reports and information concerning my past, present or future employment with the State Department of Education.

Furthermore, I, _____, in consideration of the Department's release of my personnel records and other employment information, agree to never institute any suit or action at law or in equity, including, but not limited to, any suit for defamation or negligence against the State Department of Education by reason of any claim I now have or may hereafter acquire relating to the release of my personnel records and other employment information pursuant to this release.

This authorization is freely and voluntarily given and shall be in effect until revoked in writing by me.

Signature _____ Date _____

Equal Employment Opportunity Information

The State Department of Education is attempting to assure equal opportunity. Your cooperation in voluntarily furnishing the information requested below would be appreciated. This information will be kept confidential and separate from the application process.

Racial/Ethnic Group

<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> White	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____

Sex

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Please check if any of the following are applicable:

<input type="checkbox"/> Veteran	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Disabled Individual		

How did you learn of this position?

Hiring decisions are made without regard to race, color, religion, national origin, sex, age, or disability. Appropriate consideration shall be given to veterans in accordance with applicable state and federal laws and regulations.